51A160 (3-05) Commonwealth of Kentucky **DEPARTMENT OF REVENUE** 

Print Name

## APPLICATION FOR TRUCK PART DIRECT PAY AUTHORIZATION



P.O. Box 181

Frankfort, KY 40602-0181

	Ente	Enter Legal Business Name			Federal Employer Identification No.		
Name of						<del></del>	
Applicant							
	Trac	de or DBA Name					
Business							
Location	Princ	ipal Location Address	City	Coun	ty State	ZIP Code	
Mailing Address	— Maili	ng Address	City	Coun	nty State	ZIP Code	
		)		( )	,		
	Telep	phone Number	Fax Number				
	E-ma	E-mail Address					
		Kentucky Account Numbers					
Account	Ken	Kentucky Sales Tax* Kentucky Employer's Withholding					
Information	Ken	Kentucky Consumers Use Tax*  Kentucky  Kentucky			ky Corporation Income		
		(*Applicant must have one of these accounts to qualify.) and License					
	(1)	(1) Provide a brief description of the Kentucky business activity.					
Other							
Information	(2)	Provide the applicant's USDOT	OOT Number				
	(3)						
			placement part exemption provided under KRS 139.480(32). <b>To qualify, the vehicles must be (a) licensed</b> r highway use at a declared weight with any towed unit of 44,001 pounds or greater, (b) driven				
		exclusively in interstate routes involving more than one state (nominal intrastate use is allowed), and					
	(c) for the conveyance of property or passengers for hire.						
		Truck Tractors					
		Trailers					
		Other	(Describe vehicle type	e)			
	(4)	(4) Business records must track the amount of truck repair and replacement parts purchased from a Kentucky					
		vendor or from an out-of-state vendor for storage, use, or other consumption in this state. <b>Attach a detailed</b> description of the documentation maintained that reflects the proper amount of taxable purchases.					
		description of the documentat	лон шашташей глат гене	cus me proper	amount of taxable	purchases.	
hat, in consideration	for issu	e statements are correct to the best of r ance of this Truck Part Direct Pay Au remitted to the department by my su	thorization, I will directly re	port and pay to th	e Department of Rev	enue, the sales or	
					Mail to:		
Signature			Title		KY Department Sales and Use Ta		

Date